

FORM 11
ACCIDENT BOOK
EMPLOYEES' STATE INSURANCE CORPORATION
(Regulation 66)

Sl. No.	Date of Notice	Time of Notice	Name and Address of Injured Person	Sex	Age	Insurance No.	Shift, department and Occupation of the employee	Details of Injury					What exactly was the injured person doing at the time of accident	Name, occupation, address and signature or the thumb impression of the person(s) giving notice	Signature and designation of the person who makes the entry in the Accident Book	Name, address and occupation of two witnesses	Remarks, if any
								Cause	Nature	Date	Time	Place					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18

No Accident Repeorted

Signature of the Employer